MICHIGAN STATE UNIVERSITY

APPLICATION FOR INDEPENDENT STUDY

PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

Please Type or Print

NAME: _____ DATE: _____
Last First Middle Initial

PID: _____ LEVEL: _____ CLASS: _____ MAJOR: _____ CUMULATIVE GRADE - POINT AVERAGE: _____

COURSE ALPHA CODE AND NUMBER _____ CREDITS _____ SEMESTER _____ 20 ____
SECTION NUMBER _____

Number of other Independent Study credits to be earned the same semester _____

Total of prior Independent Study credits in semester credit equivalents: _____

1. DESCRIPTION (Subject matter, purpose, methods) _____

2. RATIONALE (Why independent study rather than regular course?) _____

3. PREPARATION (Relevant course work, reading, work experience, etc.) _____

4. WORK TO BE COMPLETED
   (a) Type and amount of reading, writing, lab work, etc. _____

   (b) Estimated contact hours per week with instructor: _____

   (c) Deadline for submitting work for final evaluation: _____

   (d) Evaluation procedure _____

STUDENT'S SIGNATURE _____ PHONE _____

APPROVALS

Instructor _____ / Date

Academic Adviser _____ / Date

Chairperson, Department Offering Course _____ Date

DISTRIBUTION (By Department Offering Course)
Chairperson, Dept. Offering Course
Student
Instructor

Photocopies should be sent, per College preference, to:
Asst. Dean, Student's College
Adviser

MSU is an Affirmative Action/Equal Opportunity Institution

01/01

PID
Middle Initial
First
Last
PLEASE PRINT YOUR NAME: